

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90569 047 ****50.00

DOCUMENT # L01000019849

1. Entity Name
LIBERTY CUSTOM HOMES, LLC



Principal Place of Business

Mailing Address

~~928 MOSS LANE~~
WINTER PARK FL 32789

~~928 MOSS LANE~~
WINTER PARK FL 32789

60003303



2. Principal Place of Business

3. Mailing Address

400 W. New England Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 9

City & State
Winter Park, FL

City & State
Same

Zip
32789

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIGLIOTTI, JOHN

~~928 MOSS LANE~~
WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

400 W. New England Ave.

Suite 9

City
Winter Park

FL

Zip Code
32789

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

MANAGING MEMBER

1-8-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GIGLIOTTI, JOHN
928 MOSS LN
WINTER PARK FL 32789**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-8-03 407 644-0016

Date

Daytime Phone #

CR2E083 (10/02)